COVID IMPACT SURVEY

2020 COVID-19 Tracking Survey Questionnaire

Version 04/16/20 (no specifications)

DATA-ONLY VARIABLES

CREATE DATA-ONLY VARIABLE: QUAL
1=Qualified Complete
2=Not Qualified
3=In progress

AT START OF SURVEY COMPUTE QUAL=3 "IN PROGRESS"

DISPLAY – WINTRO_2.
Thank you for agreeing to participate in our survey! We are conducting a very important study to monitor the health of the U.S. population and the social and economic impact of the COVID-19 pandemic. We want to know about your experiences during the COVID-19 outbreak. The COVID Impact Survey is funded by the Data Foundation.

You will receive $[IF P_INCAMT=1] **for completing this survey if you are eligible.**

Your answers are confidential.

Please use the "NEXT" and "BACK" buttons to navigate between the questions within the questionnaire. Do not use your browser buttons.

AGE.
To begin, what is your current age?

[0-100] years

[IF AGE<18, TERMINATE AND SET QUAL=2]

CONSENT.

Before continuing, please know that your participation is voluntary. You may choose to skip any question or end the survey at any point. We will take all possible steps to protect your privacy and we can use your answers only for statistical research. This means that no individual will be identified in any of the analyses or reports from this study. The survey will take about 10 minutes to complete and it is funded by the Data Foundation.

SOC1.

We'd like to know how much you trust people in your neighborhood. Generally speaking, would you say that you can trust all the people, most of the people, some of the people, or none of the people in your neighborhood?

RESPONSE OPTIONS:
1. All
2. Most
3. Some
4. None

Source: CPS Civic Engagement Supplement, 2011 and 2013

SOC2A.

In the past month, how often did you talk with any of your neighbors?

RESPONSE OPTIONS:
1. Basically every day
2. A few times a week
3. A few times a month
4. Once a month
5. Not at all
77. Not sure

Source: CPS Civic Engagement Supplement

SOC2B.

During a typical month prior to March 1, 2020, when COVID-19 began spreading in the United States, how often did you talk with any of your neighbors?

RESPONSE OPTIONS:

1. Basically every day
2. A few times a week
3. A few times a month
4. Once a month
5. Not at all
77. Not sure

SOC3A.

In the <u>past month</u>, how often did you communicate with friends and family by phone, text, email, app, or using the Internet?

RESPONSE OPTIONS:
1. Basically every day
2. A few times a week
3. A few times a month
4. Once a month
5. Not at all
77. Not sure

Source: CPS Civic Engagement Supplement, adapted

SOC3B.

During a <u>typical month prior to March 1, 2020</u>, when COVID-19 began spreading in the United States, how often did you communicate with friends and family by phone, text, email, app, or using the Internet?

RESPONSE OPTIONS:
1. Basically every day
2. A few times a week
3. A few times a month
4. Once a month
5. Not at all
77. Not sure

SOC4A.

In the <u>past month</u>, did you spend any time volunteering for any organization or association, or not?

RESPONSE OPTIONS:
1. Yes
2. No
77. Not sure

Source: CPS Volunteer Supplement, 2002-15, 2017, adapted, adapted

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SOC4B.

During a <u>typical month prior to March 1, 2020</u>, when COVID-19 began spreading in the United States, did you spend any time volunteering for any organization or association, or not?

RESPONSE OPTIONS:

1. Yes
2. No
77. Not sure

Source: CPS Volunteer Supplement, 2002-15, 2017, adapted, adapted

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PHYS8.

Would you say your health in general is excellent, very good, good, fair, or poor?

RESPONSE OPTIONS (CAPITALIZE CATI):

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

Source: NHIS, PSID, SIPP

PHYS1.

[GRID]

Have you experienced any of the following symptoms in the <u>past 7 days</u>, or not?

RANDOMIZE GRID ITEMS ACROSS SCREENS:

A. Fever
B. Chills
C. Runny or stuffy nose
D. Chest congestion
E. Skin rash
F. Cough
G. Sore throat
H. Sneezing
I. Muscle or body aches
J. Headaches
K. Fatigue or tiredness
L. Shortness of breath
M. Abdominal discomfort
N. Nausea or vomiting
O. Diarrhea
P. Changed or lost sense of taste or smell
Q. Loss of appetite

RESPONSE OPTIONS:
1. Yes
2. No
77. Not sure

Source: UAS adapted; Rossman et al. adapted

SOC5.
In the past 7 days, how often have you…

RANDOMIZE GRID ITEMS:
A. Felt nervous, anxious, or on edge
B. Felt depressed
C. Felt lonely
D. Felt hopeless about the future
E. [ANCHOR] Had physical reactions such as sweating, trouble breathing, nausea or a pounding heart when thinking about your experience with the coronavirus pandemic

RESPONSE OPTIONS:
1. Not at all or less than 1 day
2. 1-2 days
3. 3-4 days
4. 5-7 days

Source: Adapted from the CES-D, GAD-7

PHYS2.

Which of the following measures, if any, are you taking in response to the coronavirus?

Please select all that apply.

RESPONSE OPTIONS:
1. Canceled a doctor appointment
2. Worn a face mask
3. Visited a doctor or hospital
4. Canceled or postponed work activities
5. Canceled or postponed school activities
6. Canceled or postponed dentist or other appointment
7. Canceled outside housekeepers or caregivers
8. Avoided some or all restaurants
9. Worked from home
10. Studied at home
11. Canceled or postponed pleasure, social, or recreational activities
12. Stockpiled food or water
13. Avoided public or crowded places
14. Prayed
15. Avoided contact with high-risk people
16. Washed or sanitized hands
17. Kept six feet distance from those outside [IF CAWI] my household [IF CATI] your household
18. Stayed home because [IF CAWI]I felt unwell [IF CATI] you felt unwell
19. Wiped packages entering [IF CAWI] my [IF CATI] your home

Source: UAS, adapted

PHYS10.

There are some options for testing and tracking people who may have COVID-19 in order to help slow the spread of this virus. If these options were available to you, how likely would you be to participate in them?

GRID ITEMS
A. Installing an app on your phone that asks you questions about your own symptoms and provides recommendations about COVID-19
B. Installing an app on your phone that tracks your location and sends push notifications if you might have been exposed to COVID-19
C. Using a website to log your symptoms and location and get recommendations about COVID-19
D. Testing you for COVID-19 infection using a q-tip to swab your cheek or nose
E. Testing you for immunity or resistance to COVID-19 by drawing a small amount of blood

1. Extremely likely
2. Very likely
3. Moderately likely
4. Not too likely
5. Not likely at all
88. Already done this

ECON8.

In the past 7 days, have your personal plans been changed or affected by the following types of restrictions, or not?

RANDOMIZE GRID ITEMS ACROSS SCREENS:
A. K-12 school closure
B. Pre-K or child care closure
C. College or training closure
D. Ban on gatherings of 250 people or more
E. Ban on gatherings of 50 people or more
F. Ban on gatherings of 10 people or more
G. Closure of place of worship
H. Reduced public transportation
I. Other reduced public services
J. Closure of bars
K. Closure of restaurants
L. Closure of gyms or fitness facilities
M. Closure of other businesses
N. Canceled sport events
O. Closure of work
P. Work from home requirements
Q. Quarantine requirements or stay-at-home orders
R. International travel restrictions or bans
S. Domestic travel restrictions or bans

RESPONSE OPTIONS:
1. Yes
2. No
77. Not sure

ECON7.

Suppose that you have an unexpected expense that costs $400. Based on your current financial situation, how would you pay for this expense? If you would use more than one method to cover this expense, please select all that apply.

RESPONSE OPTIONS:
1. Put it on [IF CAWI] my [CATI] your [END IF] credit card and pay it off in full at the next statement
2. Put it on [IF CAWI] my [CATI] your [END IF] credit card and pay it off over time
3. Use money currently in [IF CAWI] my [CATI] your [END IF] checking or savings account or with cash
4. Use money from a bank loan or line of credit
5. Borrow from a friend or family member
6. Use a payday loan, deposit advance or overdraft
7. Sell something
8. [IF CAWI] I [CATI] You [END IF] would not be able to pay for it right now [SP]

ECON1.

In the past 7 days, did you do any work for pay at a job or business?

CAWI RESPONSE OPTIONS:
1. Yes, I worked for someone else for wages, salary, piece rate, commission, tips, or payments "in kind," for example, food or lodging received as payment for work performed
2. Yes, I worked as self-employed in my own business, professional practice, or farm
3. No, I did not work for pay last week.

Source: ACS 2018, adapted

ECON2.
[SHOW IF ECON1=1]
How many hours did you work last week at all jobs?

[OPEN NUMERIC FIELD 0-168]

Source: ACS 1990

ECON4.
[SHOW IF ECON1=3]
What was your main reason for not working for pay?

CAWI RESPONSE OPTIONS:
1. I do not want to be employed at this time
2. I am retired
3. I was laid-off temporarily or furloughed
4. I was not at my usual jobs because I was caring for children not in school
5. I was not at my usual jobs because I was caring for an elderly person
6. I was not at my usual jobs because I was caring for someone with COVID-19

7. I was not at my usual jobs because I was recovering from COVID-19 or isolating due to exposure to COVID-19
8. I was unemployed and looking for work starting before March 1, 2020 when COVID-19 began spreading in the United States
9. I was unemployed and looking for work starting after March 1, 2020 when COVID-19 began spreading in the United States

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ECON3.

Prior to March 1, 2020 when COVID-19 began spreading in the United States, how many hours did you usually work each week?

[OPEN NUMERIC FIELD 0-168]

Source: ACS 2018

ECON4A.

Think about 30 days from now, how likely do you think it is that you will be employed at that time?

RESPONSE OPTIONS:
1. Extremely likely
2. Very likely
3. Moderately likely
4. Not too likely
5. Not likely at all

ECON4B.

Think about 3 months from now, how likely do you think it is that you will be employed at that time?

RESPONSE OPTIONS:
1. Extremely likely
2. Very likely
3. Moderately likely
4. Not too likely
5. Not likely at all

ECON6.

In the past 7 days, have you either received, applied for, or tried to apply for any of the following forms of income or assistance, or not?

GRID ITEMS:

- A. Unemployment Insurance
- B. SNAP [IF CAWI](Supplemental Nutrition Assistance Program) [CATI] called Supplemental Nutrition Assistance Program [END IF] or Food Stamps
- C. TANF [IF CAWI](Temporary Assistance for Needy Families)[CATI] called Temporary Assistance for Needy Families [END IF]
- D. Social Security
- E. Supplemental Social Security
- F. Any kind of government health insurance or health coverage plan including Medicaid, Medical Assistance or Medicare
- G. Other aid from the government
- H. Assistance from a union or other association
- I. Assistance from a church or religious organization
- J. Assistance from another community organization
- K. A food pantry
- L. Other assistance

RESPONSE OPTIONS:

1. Received
2. Applied for
3. Tried to apply for
4. Did not receive nor apply for any

ECON5A.

Please indicate whether the following statements were often true, sometimes true, or never true for you or your household over the past 30 days.

GRID ITEMS:

- A. We worried our food would run out before we got money to buy more
- B. The food that we bought just didn't last, and we didn't have money to get more

RESPONSE OPTIONS:

1. Often true
2. Sometimes true
3. Never true

PHYS7.

Please indicate if you have felt any of the following in the past 7 days.

Please select all that apply.

RESPONSE OPTIONS:

1. Felt hot or feverish
2. Felt chilly or cold or had chills
3. Been sweating more than usual
4. Have not felt any of these [SP]

PHYS11.

Can you use a thermometer to take your temperature now?

RESPONSE OPTIONS:
1. Yes [IF YES, OPEN NUMERIC FIELD 0-110, ACCEPT DECIMALS E.G., 98.6]
2. No

Source: various online platforms, adapted

PHYS9.

Are you underlineed{currently} covered by any of the following types of health insurance or health coverage plans?

GRID ITEMS:
A. Insurance through a current or former employer or union of yours or another family member
B. Insurance purchased directly from an insurance company by you or another family member
C. TRICARE or other military health care
D. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
E. Medicare, for people 65 and older, or people with certain disabilities
F. The Veteran's Administration, meaning you are currently enrolled for VA health care
G. Indian Health Service
H. Other health insurance or health coverage plan

RESPONSE OPTIONS:
1. Yes
2. No

Source: ACS 2018

PHYS3.

Has a doctor or other health care provider ever told you that you have any of the following?

GRID ITEMS:

A. Diabetes
B. High blood pressure or hypertension
C. Heart disease, heart attack or stroke
D. Asthma
E. Chronic lung disease and COPD
F. Bronchitis and emphysema
G. Allergies
H. A mental health condition
I. Cystic fibrosis
J. Liver disease or end stage liver disease
K. Cancer
L. A compromised immune system
M. Overweight or obesity

RESPONSE OPTIONS:
1. Yes
2. No
77. Not Sure

Source: Rossman et al, adapted

PHYS4.

Has a doctor or other health care provider ever told <u>you</u> that you have COVID-19?

RESPONSE OPTIONS:
1. Yes
2. No
77. Not sure

PHYS5.

Has a doctor or other health care provider ever told <u>someone you live with</u> that they have COVID-19?

RESPONSE OPTIONS:
1. Yes
2. No
77. Not sure

PHYS6.

Have you had a family member or close friend die from COVID-19 or respiratory illness since <u>March 1, 2020</u>?

RESPONSE OPTIONS:

1. Yes
2. No
77. Not sure

DISPLAY.

Now a few questions about yourself.

GENERAL.
Are you male or female?

RESPONSE OPTIONS:
1. Male
2. Female

HISPAN.

This question is about Hispanic ethnicity. Are you of Spanish, Hispanic, or Latino descent?

RESPONSE OPTIONS:
1. No, [IF CAWI] I [CATI] you [END IF] am not
2. Yes, Mexican, Mexican-American, Chicano
3. Yes, Puerto Rican
4. Yes, Cuban
5. Yes, Central American
6. Yes, South American
7. Yes, Caribbean
8. Yes, Other Spanish/Hispanic/Latino

RACE_1.
Please indicate what you consider your racial background to be. We greatly appreciate your help. The categories we use may not fully describe you, but they do match those used by the Census Bureau.

Please check one or more categories below to indicate what <u>race or races</u> you consider yourself to be.

RESPONSE OPTIONS:

1. White
2. Black or African American
3. American Indian or Alaska Native – <i>*Type in name of enrolled or principal tribe*</i> [TEXTBOX] [SPACE]
4. Asian Indian
5. Chinese
6. Filipino
7. Japanese
8. Korean
9. Vietnamese
10. Other Asian – <i>*Type in race*</i> [TEXTBOX] [SPACE]
11. Native Hawaiian
12. Guamanian or Chamorro
13. Samoan
14. Other Pacific Islander – <i>*Type in race*</i> [TEXTBOX] [SPACE]
15. Some other race – <i>*Type in race*</i> [TEXTBOX]

DISPLAY - HHINCINTRO.

The next question is about the <u>total income</u> of YOUR HOUSEHOLD for 2019. Please include your own income PLUS the income of all members living in your household, including cohabiting partners and armed forces members living at home. Please count income BEFORE TAXES and from all sources such as wages, salaries, tips, net income from a business, interest, dividends, child support, alimony, and Social Security, public assistance, pensions, or retirement benefits.

INCOME2.

Was your total HOUSEHOLD income in 2019…

RESPONSE OPTIONS:

1. Less than $5,000
2. $5,000 to $9,999
3. $10,000 to $14,999
4. $15,000 to $19,999
5. $20,000 to $24,999
6. $25,000 to $29,999
7. $30,000 to $34,999
8. $35,000 to $39,999
9. $40,000 to $49,999
10. $50,000 to $59,999
11. $60,000 to $74,999
12. $75,000 to $84,999
13. $85,000 to $99,999
14. $100,000 to $124,999
15. $125,000 to $149,999
16. $150,000 to $174,999
17. $175,000 to $199,999
18. $200,000 or more

EDUCAT.

What is the highest level of school you have completed?

RESPONSE OPTIONS:
1. No formal education
2. 1st, 2nd, 3rd, or 4th grade
3. 5th or 6th grade
4. 7th or 8th grade
5. 9th grade
6. 10th grade
7. 11th grade
8. 12th grade – NO DIPLOMA
9. High school graduate – high school diploma or the equivalent (GED)
10. Some college, no degree
11. Associate degree
12. Bachelor's degree
13. Master's degree
14. Professional or Doctorate degree

[SP]
HHSIZE1.

Tell us a little about your household. <u>Including yourself</u>, how many persons currently live in your household at least 50 percent of the time? Please include any children as well as adults.

1. One person, I live by myself
2. Two persons
3. Three persons
4. Four persons
5. Five persons
6. Six or more persons

HH_BD
[SHOW IF P_PANEL =1 AND IF HHSIZE1>1, NUMBOXES 0-5]

Please tell us how many persons currently living in your household, including yourself, are…

HH01S. ___ 0-1 years old
HH25S. ___ 2-5 years old
HH612S. ___ 6-12 years old
HH1317S. ___ 13-17 years old
HH18OVS. ___ 18 years old or older
HHtotal. ____ Total household members

HHtotal should show auto-sum of HH01S through H18OVS number entries.

SET QUAL=1